

Equipment Inventory

Program Name: _____

Grant # _____

Date of Inventory: _____

Contact Person: _____

Phone Number: _____

Equipment Condition Scale (*):

- P = Poor (less than 1 year useful life remaining)
F = Fair (less than 2 years useful life remaining)
G = Good (less than 3 years useful life remaining)
E = Excellent (4 or more years useful life remaining)

Item Description	Purchase Order #	Date Purchased	Decal #	Serial #	Condition *

FAX to the Commission at (916) 323-3227 Attention: Fiscal Office